## MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

Application for Lender Single-Family Mortgage Loans

**Instructions:** Please return this completed application to:

> Cheryl L. Tulloch Office of Single Family Michigan State Housing Development Authority 735 E. Michigan Avenue P.O. Box 30044 **Lansing, MI 48909**Tel: 517-373-6208 Fax: 517-335-7081

E-mail: tullochc@michigan.gov

| Co<br>Ad         | mpany Name:dress:  |
|------------------|--|
| Co<br>Titl       | deral Identification Number:   |
| NA<br>Co         | ME OF PARENT COMPANY, IF DIFFERENT THAN ABOVE: mpany Name: dress:  |
| Co<br>Titl<br>Ph | deral Identification Number:   |
| 1.               | The lending institution is (check all that apply)  A state-chartered bank or national banking association  A federally chartered bank regulated by the Office of Thrift Supervision  An FHA Direct Endorsement approved mortgage lending institution  A FNMA or FHLMC approved seller/servicer  Approved by the Federal Home Loan Bank for sale of 1st residential mortgage loans  A VA-Automatic approved mortgagee  A RHS (formerly FmHA) approved mortgage  A state or federal chartered credit union |
| 2                | NOTE: Please include copies of any approvals  Please indicate the data mortgage landing operations began:  |
|                  | Please indicate the date mortgage lending operations began:  |
| 3.               | Does your company have the ability to close <b>AND</b> service loans in its own name?  Yes No  |

| 4. | List all branches that will be originating MSHDA loans in Michigan. (Attach a second page if necessary.) |  |   |  |  |  |  |
|----|--|--|---|--|--|--|--|
|    | a.   | Name of Branch:Address:  |   |  |  |  |  |
|    |  |  |   |  |  |  |  |
|    |  | Manager:   |   |  |  |  |  |
|    |  | Phone / Fax / E-mail:  |   |  |  |  |  |
|    | b.   | Name of Branch:  |   |  |  |  |  |
|    |  | Address:   |   |  |  |  |  |
|    |  | Managor:   |   |  |  |  |  |
|    |  | Manager:Phone / Fax / E-mail:  |   |  |  |  |  |
|    |  |  |   |  |  |  |  |
|    | C.   | Name of Branch:  |   |  |  |  |  |
|    |  | Address:   |   |  |  |  |  |
|    |  | Manager:   |   |  |  |  |  |
|    |  | Phone / Fax / E-mail:  |   |  |  |  |  |
| _  | Dle  | ease indicate approximate annual originations:   | FHA \$  |  |  |  |  |
| J. | 1 10   | sase indicate approximate annual originations.   | FHA \$<br>VA \$                                 |  |  |  |  |
|    |  |  | RHS \$  |  |  |  |  |
|    |  |  | Conventional \$                                 |  |  |  |  |
| •  | Dlad   | and the property of the principal  | Lafficare of vour Michigan landing institution. |  |  |  |  |
| о. | Piea   | ase provide the names and titles of the principal<br>Name  | Title   |  |  |  |  |
|    |  | Name   | <u>THIC</u>                                     |  |  |  |  |
|    |  |  |   |  |  |  |  |
|    |  |  |   |  |  |  |  |
| 7. |  | es your company have a net worth of at least \$2 bmit a copy of your most recent available audited   |   |  |  |  |  |
| _  | _  |  | f . l   |  |  |  |  |
| 8. |  | Does your company have errors and omissions insurance coverage of at least \$300,000?  Yes No Submit most recent copy of errors and omissions insurance coverage.  |   |  |  |  |  |
| 9. | Do   | Does your company have fidelity bond insurance coverage of at least \$300,000?  Yes No Submit most recent copy of fidelity bond insurance coverage.  |   |  |  |  |  |
|    | Ш  | 103  | sity bond insulance coverage.                   |  |  |  |  |
| 10 | Se   | Are you presently licensed or registered under the Michigan Mortgage Brokers, Lenders, and Servicers Licensing Act (MCLA 445.1651 <i>et seq.</i> )?   Yes  No  If Yes, please submit a copy of your license or registration. |   |  |  |  |  |
|    |  | If No, please describe the exemption that applies to you:  |   |  |  |  |  |
|    |  | <u> </u>   |   |  |  |  |  |
| 11 |  | Is your company a Michigan Corporation?   Yes   No   |   |  |  |  |  |
|    |  | If Yes, include a copy of your company's operating agreement, an original certified copy of your filed articles of incorporation, together with an original good standing certificate, both dated within                     |   |  |  |  |  |
|    |  | rty (30) days of the date of this application.   | mai good stariding continuate, both dated with  |  |  |  |  |

If No, attach a copy of your company's operating agreement, an original certified copy of your articles of incorporation filed in the state of your incorporation, together with an original certified copy of your Certificate of Authority to Transact Business in Michigan, both dated within thirty (30) days of the date of this application <u>OR</u> a copy of your company's operating agreement, original certified copy of your articles of incorporation filed in the state of your incorporation together with evidence your corporation is federally chartered and regulated by the Office of Thrift Supervision.

| 12.         | The MSHDA single-family mortgage program is placing special emphasis on covering smaller out-state and Upper Peninsula communities. If you have the capability to serve the smaller communities and are willing to do so, please state specifically what your capability is in this regard and what areas you propose to cover.   |
|-------------|---|
|             | ASE INCLUDE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION: A COPY OF YOUR COMPANY'S MOST RECENT AUDITED FINANCIAL STATEMENTS A COPY OF CURRENT ERRORS AND OMISSIONS INSURANCE COVERAGE A COPY OF CURRENT FIDELITY BOND INSURANCE COVERAGE COPIES OF YOUR FHA DIRECT ENDORESEMENT APPROVAL, VA AUTOMATIC APPROVAL, FHLBI APPROVAL FOR SALE OF 1 <sup>ST</sup> RESIDENTIAL MORTGAGES AND/OR FNMA/FHLMC APPROVALS COPY OF LICENSE OR REGISTRATION UNDER THE MICHIGAN MORTGAGE BROKERS, LENDERS, AND SERVICERS LICENSING ACT (MCLA 445.1651 et. seq.) OR MICHIGAN CORPORATIONS, INCLUDE A COPY OF YOUR COMPANY'S OPERATING AGREEMENT, AN ORIGINAL CERTIFIED COPY OF YOUR ARTICLES OF INCORPORATION, TOGETHER WITH AN ORIGINAL GOOD STANDING CERTIFICATE, BOTH DATED WITHIN 30 DAYS OF THIS APPLICATION OR FOR THE COMPANY IS NOT A MICHIGAN CORPORATION, INCLUDE A COPY OF YOUR COMPANY'S OPERATING AGREEMENT, AN ORIGINAL CERTIFIED COPY OF YOUR ARTICLES OF INCORPORATION FILED IN THE STATE OF INCORPORATION, TOGETHER WITH AN ORIGINAL CERTIFIED COPY OF YOUR CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN MICHIGAN, BOTH DATED WITHIN 30 DAYS OF THE DATE OF THIS APPLICATION OR a copy of your company's operating agreement, original certified copy of your corporation is federally chartered and regulated by the Office of Thrift Supervision. |
| *****<br>** | ·*************************************  |
| Con         | npany:  |
| Ву:         |   |
| Title       | <b></b>   |
| Date        | e:  |
| Pho         | ne / Fax / E-mail:  |
| **<br>Appli | Do Not Write Below This Line, For MSHDA Use Only  ***********************************   |

| Financial Statement Review: |       |          |
|-----------------------------|-------|----------|
| Agency Approvals:           |       |          |
| Status:                     | Date: | MSHDA #: |
| Bv:                         |       |          |